



Domiciliary Care Refresher Training: Safeguarding Essentials

This module is designed to refresh a domiciliary carer's understanding of their role in the **safeguarding procedure of vulnerable adults and children** in the UK. Under **UK law**, all health professionals, including domiciliary carers, must be able to **identify and report** concerns of abuse and neglect.

1. Defining Safeguarding and Abuse

What is Safeguarding?

Safeguarding is a fundamental standard underpinned by the **Care Quality Commission (CQC)** and the **Human Rights Act 1998**.

- **For adults**, safeguarding means **protecting the human right to live free from violence and abuse**, working to prevent abuse and neglect, promoting their wellbeing and wishes, and recognizing personal risks to safety.
- **For children**, safeguarding involves protecting them from maltreatment, violence, and abuse, preventing impairment of their health and development, promoting safe and effective living, and ensuring they achieve the best outcomes in life.

What is Abuse?

Abuse is defined as a **violation of an individual's human and civil rights** by any other person(s), which may result in **significant harm**. Abuse can take the form of a single act, repeated acts, an act of **neglect or failure to act**, or multiple acts of abuse or neglect.



2. Vulnerability and Types of Abuse

Who is Vulnerable?

Individuals are at greater risk of abuse if they are:

- Reliant on others for care and support (including finances).
- Socially isolated or have communication needs.
- Lacking the capacity to make decisions.
- Vulnerable to threats, intimidation, and coercion.
- Physically unable to protect themselves.
- Living in sheltered housing or detained in lawful custody.

Those specifically considered at risk include **children and young adults, elderly people, and those with physical or mental disabilities/illnesses.**

Types of Abuse

Abuse can manifest in many ways. Major types include:

- **Physical abuse:** Use of force resulting in bodily harm (e.g., hitting, poisoning, shaking).
- **Sexual abuse:** Forcing participation in a sexual act without permission or comprehension (physical, verbal, or visual).
- **Neglect:** Failing to care for or meet the basic needs of someone unable to care for themselves.
- **Discriminatory abuse:** Unfair treatment based on a protected characteristic (e.g., age, disability, religion, race).
- **Emotional abuse:** Non-physical abusive behaviour (e.g., verbal aggression, manipulation) aiming to diminish self-worth.
- **Institutional abuse:** Maltreatment from a system of power (e.g., care homes, police).
- **Financial abuse:** Controlling someone's ability to obtain, use, and maintain their own money (e.g., exploitation, misuse of power of attorney).
- **Domestic violence:** Violent, aggressive, controlling, or coercive behaviour in the home.
- **Self-neglect:** A lack of self-care threatening personal safety.
- **Modern slavery:** Being held or obtained in compelled service, treated as a commodity.
- **Forced marriage:** Marriage without the consent or capacity of one or both people.



Signs of Abuse

Signs of abuse in **vulnerable adults** include:

- Physical signs (bruises, fractures, bite marks, unexpected weight fluctuation).
- Disturbed sleep, unexplained changes in behaviour, injuries, or falls.
- Emotional signs (fear, withdrawal, low self-confidence, flinching at physical contact).
- Signs of neglect (dehydration, poor hygiene, pressure sores, prolonged hunger).
- Financial signs (insufficient money, sudden financial changes, or supervision by an abuser).
- Medical/sexual signs (unexplained STIs, pregnancy, UTIs).

Signs of abuse in **children** can include:

- Missing school, delays in development, sudden underachievement, or constant crying.
 - Parents showing little interest (including not monitoring internet use).
 - Wetting the bed and having nightmares (older children).
 - Inappropriate or over-sexualised language/behaviour.
 - Secretive relationships with adults, running away, or stealing.
-



3. Your Responsibilities and the Law

Domiciliary Carer Duties

You have a duty to prevent abuse and a responsibility to **report any concerns** immediately, in line with local policies.

Key responsibilities are to:

- Know your local policies and your main safeguarding contact.
- **Report ALL concerns immediately** (following the 'No Secrets' policy which prevents professionals from keeping secrets once abuse is recognised).
- Promote good practice, follow procedures, and communicate effectively with service users, families, and managers.
- Keep the wellbeing of service users at the heart of everything you do.
- **Be observant** for abusive behaviour.
- Ensure that if an older person cannot be involved in decisions, their family and carer must be involved.

Mental Capacity Act 2005

The **Mental Capacity Act 2005** ensures that even if a person lacks capacity to make decisions, they must be encouraged to **participate in the decision-making process** and their past and present wishes must be considered. This law ensures decisions are made in the service user's **best interest**.

Reporting Suspensions

It is NOT your job to investigate abuse – just to report your suspicions.

ALWAYS report suspicions of abuse, even if you are not entirely sure. If abuse is not occurring, the situation may still require support. Crucially, do NOT approach the suspected perpetrator.



4. Responding to Disclosures and Reporting Concerns

Immediate Safety and Disclosures

If abuse is suspected, the **immediate safety of the vulnerable person** is your priority. This may involve seeking **urgent medical attention** or **contacting the police**. Take the necessary action **FIRST**, then contact your line manager without delay.

If someone discloses abuse to you, you must:

- **Call 999 if anyone is in immediate danger.**
- **Remain calm, listen carefully, and do not show shock or disbelief.**
- **Reassure the individual** and explain that you have to **share this information with your manager/safeguarding officer.**
- Inform the appropriate person and give information about the next steps.
- **Take disclosures seriously and do not delay reporting.**

Reporting Process

- **Do not delay** reporting any concerns to your line manager/safeguarding officer.
- Write your concerns on an **incident form as soon as possible.**
- **Always ask for advice** if you are unsure what to do.

Whistleblowing

If your **supervisor is implicated in abuse**, follow your organisation's **Whistleblowing policy**. This allows you to make a **protected disclosure without fear of retribution**. If you are uncomfortable contacting your line manager, raise concerns with the **first person in your line management structure that you feel comfortable with**.



5. Documentation

Accurate and timely documentation is essential for safeguarding.

Documentation Rules

- **NEVER** write safeguarding concerns in the care notes or care plan notes.
- Record the **details of the report in writing on the day** the concern arises.
- The person reporting must **print their name, clearly sign and date** the report.
- **Separate facts from personal opinions**, which should be clearly noted as such.
- Only share information on a **need-to-know basis**.
- Document the **exact date and time** for everything, including the source or justification for your action.

Documentation Structure

Documentation generally follows three stages:

Stage	Action/Response	What to Document
Raising the Concern	Establish justification for the concern; be aware of responsibilities and forms of maltreatment.	Who/what raised the concern and why; basis for the concern; history or risk factors leading to the conclusion that something is wrong.
Acting on the Concern	Follow legislation/local protocol; discuss facts with others; report to the appropriate line manager.	Who is being reported to; advice received; formal policy/procedure being used to act on the concern.
Closing the Incident	Inform all those who need to know what was done and why; confirm documentation is up to date; take action to protect the client and prevent further issues.	Action taken and why; how and why the issue is being closed; confirmation that safety/wellbeing have been dealt with to a conclusion.